PTO/SB/05 (11-00)

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## UTILITY PATENT APPLICATION TRANSMITTAL

BABU 1-10-42 Attorney Docket No. Shivnath Babu First Inventor SYSTEM AND METHOD FOR COMPRESSING A DATA TABLE

Express Mail Label No. | EL400789434US (Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICA	TION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application							
See MPEP chapter 600 con	cerning utility patent applica	Washington, DC 20231							
1.  Fee Transmittal F (Submit an original and original an	orm (e.g., PTO/SB/17) If duplicate for fee processing) If mall entity status. If Total Pages Int set forth below)	71 ]	Washington, DC 20231  7. CD-ROM or CD-R in duplicate, large table or Computer Program ( Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper						
- Background of - Brief Summary			c. Statements verifying identity of above copies						
- Detailed Descr - Claim(s) - Abstract of the  4.  Drawing(s) (35 of the composition of t	Disclosure  J.S.C. 113) [ Total Sheets	ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:  18							
			rently omitted from the submitted application parts.						
	19. C	ORRESPOND	ENCE ADDRESS						
Customer Number or Bar (	Code Label Grisert Gusto	27964 mer No. or Altach be	or X Correspondence address below						
Name	David H. Hitt								
Address	Hitt Gaines & Boisbrun, P.C. P.O. Box 832570								
City	Richardson	Texas Zip Code 75083							
Country		State Telephone	(972) 480-8800 Fax (972) 480-8865						
Name (Print/Type)	David H.	Hitty	Registration No. (Attorney/Agent) 33,182						
Signature	(1) H	7	Date 12/28/2001						

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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

852.00 (\$) TOTAL AMOUNT OF PAYMENT

Complete if Known						
Application Number	N/A					
Filing Date	Herewith					
First Named Inventor	Shivnath Babu					
Examiner Name	N/A					
Group Art Unit	N/A					
Attorney Docket No.	BABU 1-10-42					

METHOD OF PAYMENT						FEE CALCULATION (continued)									
The Commissioner is hereby authorized to charge					3. AI	3. ADDITIONAL FEES									
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	Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				127	50	227	25	Surcharge - late cover sheet	e provisional filing fee or					
111								139	130	139	130	Non-English sp	ecification	ļ	
1	Applicant claims small entity status.  See 37 CFR 1 27				147	2,520	147	2,520	For filing a requ	uest for ex parte reexar	mination				
2.					112	920*	112	920*		blication of SIR prior to					
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Han Han	114	160	214	80	Provisional filing fee			121	280	221	140	Request for or	-		
				138	1,510	138	1,510	Petition to insti	itute a public use procee	ding					
					SUBTOTAL (1)	(\$) 740.	.UU	140	110	240	55	Petition to revi	ive - unavoidable		
2. EXTRA CLAIM FEES				141	1,280	241	640	Petition to revi	ive - unintentional						
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1	104	280	204	140	Multiple dependent	claim, if not pa	ıd	440	740	240	370	•	litional invention to be		
	109	84	209	42	** Reissue indeper over original pate	ident claims nt		149	740	249	3/0	examined (37	7 CFR § 1.129(b))		
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(Attorney/Agent)

David, H. Hitt

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